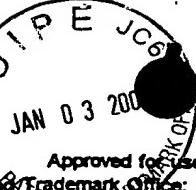


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Patent and Trademark Office

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION

Declaration OR Declaration
Submitted
with Initial Filing Submitted after
Initial Filing

Attorney Docket Number PF 82 PCT Seq ju

First Named Inventor Christine Andreoni

COMPLETE IF KNOWN

Application Number 09/647,309

Filing Date September 27, 2000

Group Art Unit

Examiner Name

As a below named Inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled :

"Use of active P40 conjugates for nasal delivery"

the specification of which

(Title of the Invention)

is attached hereto
OR

was filed on (MM/DD/YYYY) 03/26/1999 as United States Application Number or PCT International

Application Number FR/99/00703 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code §119 (a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365 (a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?
YES	NO			
98/03814	FRANCE	03.27.98	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
				<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority sheet attached hereto:

I hereby claim the benefit under Title 35, United States Code § 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.
		<input type="checkbox"/>

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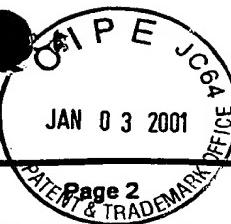
DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet

Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name	Isabelle		Middle Initial		Family Name	Rauly		Suffix e.g. Jr.	
Inventor's Signature	<i>[Signature]</i>				Date	12/19/2000			
Residence: City	Saix		State		Country	FRANCE	Citizenship	French	
Post Office Address	9 bis, allée Boussac,								
Post Office Address									
City	Saix		State		Zip	81710	Country	France	Applicant Authority
Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name	Thien		Middle Initial		Family Name	N' Guyen		Suffix e.g. Jr.	
Inventor's Signature	<i>[Signature]</i>				Date	12/19/2000			
Residence: City	St-Julien-en-Genevois		State		Country	France	Citizenship	French	
Post Office Address	7 Les petits hutins, Lathoy <i>[Signature]</i>								
Post Office Address									
City	St-Julien-en-Genevois		State		Zip	74160	Country	France	Applicant Authority
Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name	Jean-Francois		Middle Initial		Family Name	Haeuw		Suffix e.g. Jr.	
Inventor's Signature	<i>[Signature]</i>				Date	12/19/2000			
Residence: City	St-Julien-en-Genevois		State		Country	France	Citizenship	French	
Post Office Address	Les jardins de l'Atrium, 8 avenue de Ternier								
Post Office Address									
City	St-Julien-en-Genevois		State		Zip	74160	Country	France	Applicant Authority
Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name	Thierry		Middle Initial		Family Name	Baussant		Suffix e.g. Jr.	
Inventor's Signature	<i>[Signature]</i>				Date	12/19/2000			
Residence: City	Bellegarde		State		Country	France	Citizenship	French	
Post Office Address	35, rue Jean Jaurès <i>[Signature]</i>								
Post Office Address									
City	Bellegarde		State		Zip	01200	Country	France	Applicant Authority
<input type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto									

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DECLARATION

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s), or §365(c) of any PCT International application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

Additional U.S. or PCT International application numbers are listed on a supplemental priority sheet attached hereto.

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Firm Name _____ Customer Number or label _____
 OR
 List attorney(s) and/or agent(s) name and registration number below:

Name	Registration Number	Name	Registration Number
GORDON W. HUESCHEN	16,157		
G. PATRICK SAGE	37,710	25666 PATENT TRADEMARK OFFICE	

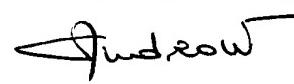
Additional attorney(s) and/or agent(s) named on a supplemental sheet attached hereto.

Please direct all correspondence to: Customer Number or label _____ OR Fill in correspondence address below

Name	The Firm of Gordon W. Hueschen		
Address	715 The "H" Building		
Address	310 East Michigan Avenue		
City	Kalamazoo	State	MT
Country	US	Telephone	616-382-0030
		Fax	616-382-2030

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: A petition has been filed for this unsigned inventor

Given Name	Christine	Middle Initial		Family Name	ANDREONI	Suffix e.g. Jr.	
Inventor's Signature					Date	12/19/2000	

Residence: City	Villette d'Anthon	State	FRANCE	Country	France	Citizenship	French
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Post Office Address	6, rue des Fusains						
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Post Office Address	6, rue des Fusains						
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City	Villette d'Anthon	State	Zip	38280	Country	FRANCE	Applicant Authority
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Additional inventors are being named on supplemental sheet(s) attached hereto